

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90034 043 \*\*\*\*61.25  
 08-21-2000 90208 036 \*\*\*\*61.25

**DOCUMENT # N99000005411**

1. Entity Name

**NEW FAITH COMMUNITY CHURCH, INC.**

*f*

Principal Place of Business

Mailing Address

4002 LEE STREET  
 JACKSONVILLE FL 32209

4002 LEE STREET  
 JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2233696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, BOBBIE L  
 4002 LEE STREET  
 JACKSONVILLE FL 32209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PASTOR.	<input type="checkbox"/> Delete
NAME	BOBBIE L. GRIFFIN	
STREET ADDRESS	4235 CLYDE DR.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	
TITLE	CHURCH CLERK	<input type="checkbox"/> Delete
NAME	TIAMMIE D. BROWN	
STREET ADDRESS	6512 LACY CT.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32244	
TITLE	CHARMON DEACON BOARD	<input type="checkbox"/> Delete
NAME	THEODORE WOODBERRY	
STREET ADDRESS	4723 COLCHESTER RD.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	
TITLE	CHAIRMAN TRUSTEE BOARD	<input type="checkbox"/> Delete
NAME	JIMMIE L. HAREWOOD	
STREET ADDRESS	4235 CLYDE DR.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	PATTIE L. MORGAN	
STREET ADDRESS	4928 40TH ST	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32209	
TITLE	ASST. CHURCH CLERK	<input type="checkbox"/> Delete
NAME	DARLENE HAREWOOD	
STREET ADDRESS	4235 CLYDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRMAN TRUSTEE BOARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON R. HAREWOOD	
STREET ADDRESS	4235 CLYDE DR.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (5/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*BOBBIE L. GRIFFIN* BOBBIE L. GRIFFIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/00 (904) 765-1843